

Notice of Independent Review Decision

**August 23, 2012**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right Ankle Medial Malleolus Reconstruction and Fixation of Syndesmosis 27720

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas, Oklahoma, Tennessee and California.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)  
☐ Overturned (Disagree)  
☒ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.**

Recommend upholding the prior peer reviews for the reconstruction of the syndesmosis and recommend partially overturning, upholding the non-certification of the syndesmosis reconstruction and recommending *certification* of the reconstruction of the nonunion of the medial malleolus.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records Received: 18 page fax 08/06/12 Texas Department of Insurance IRO request, 23 page fax 08/07/12 URA response to disputed services including administrative and medical. Dates of documents range from 03/07/12 to 08/06/12

- Peer reviews, 07/09/12 and 08/02/12.
- Office/clinic note for 06/28/12.
- CT of the right ankle report, 04/03/12.
- X-ray report, right ankle, 06/28/12.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male was injured xx/xx/xx when he sustained a displaced fracture of the medial malleolus. When seen 06/28/12 by Dr., it was noted that CT images were not available for review, but three-view x-rays, non-weight bearing, with a stress view noted still fairly substantial medial malleolar fragment that is widely displaced. The fibula was reduced against the tibia. Dr. recommended freshening up the fracture site, reducing it, and utilizing a medial malleolus plate with bone graft. The patient did report an ankle injury more than a year ago that was treated in a cast, and the recent injury, occurred when he fell from a height, aggravating the ankle pain. The patient also on that date was reported to have an ankle fracture from a motor vehicle accident on an x-ray report by Dr.. The CT scan provided

for review noted the oblique fracture of the medial malleolus with separation at the fracture site without a significant degree of callus formation as of 04/03/12.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient does have imaging findings of the ankle supporting a nonunion by CT from 04/03/12. The rationale for recommending non-certification of the syndesmotom reconstruction is Dr. clearly indicated the fibula was in proper position and there was no medical rationale offered why a syndesmotom reconstruction was indicated. This is in line with *Campbell's Operative Orthopaedics* for treatment of symptomatic nonunions and for treatment of syndesmotom injuries. The pages for syndesmotom injuries are 2,354 through 2,355 and multiple citations for reconstruction for nonunion fractures. The *ODG* foot and ankle chapter does not specifically address the request for medial malleolar reconstruction of a nonunion and fixation of the syndesmosis of the right ankle. The recommendation is supported by generally accepted standards in orthopedic surgery that symptomatic nonunions are addressed with reconstruction utilizing internal fixation and bone grafting. The syndesmosis component is supported as not medically necessary due to lack of information, as the medical records now do not document any pathology on imaging studies with the syndesmosis, and the physician's own medical records did not document syndesmotom pathology that would require treatment.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☒ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) *Campbell's Operative Orthopaedics* for treatment of symptomatic nonunions and for treatment of syndesmotom injuries. Pages 2,354 through 2,355 and multiple citations for reconstruction for nonunion fractures